

Strategic Plan

2004 - 2008

VA Midwest Health Care Network

January 2004



VISN 23 TODAY

The VA Midwest Health Care Network, VISN 23, is one of the U.S. Department of Veterans Affairs' 21 Veteran Integrated Health Service Networks. VISN 23 serves veterans residing in a seven state area through a system of community based outpatient clinics (35), medical centers (11), nursing homes (7) and domiciliaries (4).

The states in the VISN 23 service area include Iowa, Minnesota, Nebraska, North Dakota, South Dakota and portions of Illinois, Kansas, Missouri, Wisconsin and Wyoming. A map of the VISN is presented on page 12.

The medical centers and health care systems include the VA Black Hills Health Care System (Hot Springs and Fort Meade), VA Central Iowa Health Care System (Des Moines and Knoxville), VA Nebraska-Western Iowa Health Care System (Omaha, Lincoln CBOC and Grand Island), Iowa City VA Medical Center, Minneapolis VA Medical Center, St. Cloud VA Medical Center, Fargo VA Medical and Regional Office Center and the Sioux Falls VA Medical and Regional Office Center.

Community based outpatient clinics are located at the following sites listed by state:

Illinois: Galesburg and Quincy

Iowa: Bettendorf, Dubuque, Fort Dodge, Mason City, Sioux City, and Waterloo

Minnesota: Brainerd, Fergus Falls, Iron Range, South Central, Maplewood, Montevideo and Rochester

Montana: Lame Deer (inactive)

Nebraska: Alliance, Gering, Lincoln, Norfolk, North Platte and Rushville

North Dakota: Bismarck, Grafton and Minot

South Dakota: Aberdeen, Eagle Butte/Isabel, McLaughlin, Rosebud, Pierre, Rapid City and Winner

Wisconsin: Superior and Chippewa Falls

Wyoming: Newcastle

The mission, purpose, vision, values, and organizational strategy are statements guiding leaders and employees as they care for veterans and plan for future services.

Mission

- Maintain and improve the health and well being of network veterans.

Vision

- Be a patient-centered, integrated organization providing excellence in health care, research and education. Be an active Federal, State and community partner and a back-up for national emergencies. Be an organization where people choose to work.

Values

- Trust
- Respect
- Excellence
- Commitment
- Compassion
- Empowerment
- Continuous Improvement
- Collaboration

Organizational Strategy

- Operate as an organization of excellence

Attributes of an organization of excellence:

- Provides patient centered care
- Provides coordinated care
- Is fully integrated
- Learns continuously
- Improves processes
- Identifies and deal with errors
- Continuously measures performance
- Manages employees' skills and knowledge
- Empowers employees
- Works in teams
- Works collaboratively
- Demonstrates consistent and predictable performance

The VISN operates under a service line collaborative organizational structure where service lines use a formal system to disseminate exemplary practices, coordinate care, conduct strategic planning and integrate the health care delivery system. The following network-wide service lines operate within VISN 23:

- Extended and Rehabilitative Care
- Imaging
- Mental Health Care
- Pathology/Laboratory
- Primary and Specialty Medicine
- Surgical/Specialty Care

Administrative integrated services foster a culture of systems operation. The following services are integrated at a network level:

- Business Office
- Compliance
- DSS
- Finance
- Information Management
- Logistics
- Prosthetics

Environmental Assessment

Key Customers/Market Segment

Under the auspices of the U.S. Department of Veterans Affairs (VA), VISN 23 is authorized to provide health care services to veterans enrolled with VA. In 2003, 345,949 veterans were enrolled to receive health care services in VISN 23. This represents 33 percent of the one million veterans in VISN 23. Nearly 70 percent of the enrollees chose to actively use VA health care services in FY 2002.

The majority of patients are men (93%), but the number of women selecting VA care is increasing as the percentage of women in the military continues to grow.

The VISN also provides health care services to active duty military through sharing agreements with the Department of Defense. Veterans' families may participate in group

therapy programs when their involvement supports the veteran patients' recovery to good health.

Currently, the VISN provides a high proportion of care to aging WWII and Korean War veterans, but the demand for care for Viet Nam veterans and special populations including Native Americans, veterans living in rural areas and veterans whose care is co-managed with community providers is increasing.

VISN Demographics

2002 Estimated Vet Population: 1,040,741
 2010 Projected Veteran Population*: 968,707
 2003 Veteran Enrollees: 345,949

*VA Office of Actuary

VISN Workload

FY 2002 Unique Patients: 240,957

- Men: 93%
- Women: 7%

FY 2002 Outpatient Visits: 1,972,678

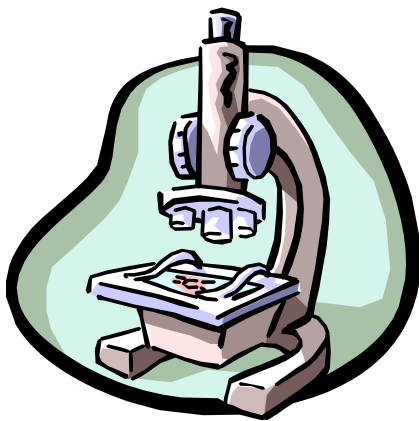
FY 2002 Hospital Patients Treated: 25,523

FY 2002 Nursing Home Patients: 4,063

FY 2002 Domiciliary Patients Treated: 2,174

Key Services

Through its system of hospitals and clinics the VISN provides inpatient primary, secondary and tertiary care in medical, surgical, neurological, rehabilitative, short and long-term psychiatry modalities; and primary and specialized medical, surgical and mental health ambulatory care. Nursing home care programs include sub-acute, transitional and long-term care. Home and community based care such as hospice, skilled home care, and homemaker/home health aid services are available. Other programs include domiciliary care, homeless veterans programs, compensated work therapy/ veterans industries, residential care, and vocational assistance.



Key Suppliers and Partners

Key partners to VA in providing care to veterans include university affiliates, contract hospitals, contract community based outpatient clinics and Department of Defense. Major suppliers are multi-vendors for fee basis care, state veterans homes, pharmaceutical companies, community nursing homes and scarce medical contractors.

Changes in Major Technology and Equipment

The VISN continued to implement telemedicine services throughout the network to improve access to rural areas. Telemedicine is now used for diabetic retinal screening, dermatology, orthopedics, post-op clinic visits, mental health services and monitoring chronic heart failure. Tele-health technologies in the home will increase substantially in the next five years.

The Picture Archive and Communications System (PACS) was implemented in 2003. PACS provides timely access to patient radiology images and will be extended to other network sites in the near future.

Improvements continue to the computerized medical record used at all VA medical centers.

Replacement of aging equipment is a significant concern.

Changes in Legal/Regulatory Environment

The Health Insurance Portability and Accountability Act (HIPAA) was implemented in 2003. The law required aggressive actions to standardize billing procedures and enhance the privacy and security of patient-related information. As a result, medical centers trained employees about requirements, tracked all disclosures and reported violations internal within VA.

In January 2003, eligibility for enrollment changed where veterans who are not service connected and earned incomes larger than a threshold level are no longer eligible to enroll for VA health care. Enrollment for this group of veterans is determined on a yearly basis and will be monitored for future changes.

VA established priority access for all veterans who are service-connected 50% or greater, and for veterans who need care for a service-connected disability. New veterans presenting for care who meet these criteria and who request a non-emergent outpatient appointment, are scheduled for primary care within 30 days. If an appointment cannot be scheduled within this timeframe, arrangements are made for the patient at another VA facility or on fee basis.

Staff Profile and Issues

As a service industry, the VISN employs a large work force—10,430 employees (9,000 FTE). Nearly 900 physicians, 1,800 registered nurses, 600 licensed practical nurses, 366 nursing assistants and 2,089 staff in pharmacy, radiology and laboratory medicine form the clinical staff structure to provide health care services. Administrative staff (1,033) and all other (3,051) contribute the successful operations. Augmenting the staff are 6,700 volunteers.

Staff recruitment and retention will remain challenges in the next ten years. Retirements in key leadership positions are expected.

Strengths and Weaknesses

As the VISN creates an integrated network, it faces a number of external and internal challenges, but also looks toward its strengths and opportunities as listed below.

Strengths

- Excellent work force
- Medical affiliations
- High quality of care
- High customer satisfaction and loyalty
- Patient safety programs

Weaknesses

- Budget allocation
- Age of infrastructure
- Lack of depth in management/aging workforce
- Limited capital expenditure

Opportunities

- Sharing best practices
- Advanced Clinic Access
- Maximizing use of technology
- Maximizing information system
- Rural health initiatives

Challenges

- Budget/workload
- Becoming an integrated VISN, culture & management structure
- Recruitment/retention
- Geography
- Infrastructure

Financial Impact

Budget Issues

Lack of sufficient funding prevents expansion of surgical/specialty care programs. Demand for nursing home care and home & community based care placement will stress the budget. Home and community-based care will require a 100% increase from FY03-04 to meet projected needs.

Staffing Needs

Additional physicians, nurses and other staff are needed at most care sites. Implementing the care coordination program will require

additional staff as will completing the Mental Health Intensive Care Management teams.

Equipment Needs

Past conversion of equipment funds to operating dollars have prevented the purchase of replacement equipment. Teleconference equipment is needed to provide mental health services in community based outpatient clinics. Information Technology capital costs for software and hardware will continue to grow as technology changes evolve and needs increase.

Construction Plans

The CARES (Capital Asset for Enhanced Services) process outlined construction and renovations for the next 20 years. The Secretary will make the final decision on the National CARES Plan in 2004.

Major project applications were submitted to VA Central Office for a new nursing home care unit at Central Iowa HCS (Des Moines Division) and addition to the Minneapolis VA Medical center for a spinal cord injury center. Minor construction projects planned for FY 2004 are displayed in the table below.

VAMC	Project
Central IA	Consolidate acute bed services to Des Moines
Fargo	Medicine nursing unit renovation
NE-W IA	ICU to 2 nd floor outpatient clinic at Omaha
Iowa City	Renovate 7 th floor
St. Cloud	Expand Amb Care, Bldg 1

Space Issues

Fully implementing the ACA will require more space for treatment rooms.

Education and Training

Employee education is limited by lack of training and travel funds. More satellite teleconferences will be used in the future to provide training.

GOALS, OBJECTIVES, AND STRATEGIES

VISN 23 goals continue to focus on improving quality, access, patient and employee satisfaction, cost effective operations, patient functional status and building a healthier community. **The goals to improve access, maximize resources and serve as an employer of choice are priorities.**

The VISN also supports the objectives of the Veterans Health Administration as presented in this section of the plan. Network service lines, councils and integrated services identified specific strategies to explain how the VISN intends to achieve its goals and objectives. The name of the service responsible for implementing the strategies is listed in italics.

Only the top three strategies from each service line, council and integrated service are presented in the VISN strategic plan. Additional strategies are presented in each of the services' strategic plans available upon request to the VISN 23 Office. Employees may access the plans on the VISN Intranet at <http://10.104.10.171/visn23/Strategic%20Plans/strategicPlan.asp>

Goal 1

Put Quality First Until First in Quality

Objective 1.1

Continuously improve the quality and safety for veterans to be the benchmark for health care outcomes.

- ✓ Shift the paradigm from JCAHO survey preparation to systems improvement using JCAHO standards to achieve and maintain excellent operational systems. *Organizational Performance Council*
- ✓ Assure the quality of care for veterans in Contract Community Nursing Home

(CNH) Care and State Homes. *Extended Care & Rehabilitation Service Line*

- ✓ Improve/maximize Clinical Performance Measure scores. *Primary & Specialty Medicine Service Line*
- ✓ Improve quality, utility, and accuracy of electronic medical records including intra-facility, inter-facility and off-site (CBOC/other) interfaces. *Primary & Specialty Medicine Service Line*
- ✓ Perform VISN-wide medication usage evaluations. *Pharmacy Benefit Management*
- ✓ Oversight and monitoring of standards of practice related to Prosthetics Integrated Service program implementation across all sites of care with an emphasis on timeliness, healthcare value, and consistency in medical necessity criteria. *Prosthetics Integrated Service*

Goal 2 is a Priority

Provide Easy Access to Medical Knowledge, Expertise, and Care

Objective 2.1 is KEY TO OUR SUCCESS

Improve access, convenience, and timeliness of VA health care services.

- ✓ Comply with Mill Act Directive for Non-Institutional Care (VHA Directive 2001-061). *Extended Care & Rehabilitation Service Line*
- ✓ Improve access to Palliative/Hospice Care for veterans/families. *Extended Care & Rehabilitation Service Line*
- ✓ Fully implement Advanced Clinic Access. Develop and implement support staffing and room ratios, maximize high leverage changes. Eliminate waiting lists. *Primary & Specialty Medicine Service Line*
- ✓ Improve patient access in Surgical/Specialty Care. *Surgical/Specialty Care Service Line*
- ✓ Develop a VISN-wide plan to provide for emergent need prescriptions at all CBOCs. *Pharmacy Benefit Management*

- ✓ Patients will be able to receive mental health services at the closest local VA facility. FY '03 target (performance measure) is 25% of the patient stops at VISN CBOC's will be for mental health services. *Mental Health Service Line*

FY 2004 Priority Initiative: Fully implement Advanced Clinic Access (ACA)

- Apply ACA to all clinics
- Support ACA with capital resources and staff
- Continue education on ACA

Objective 2.2

Optimize the use of health care information and technology for the benefit of the veteran.

- ✓ Increase access to electronic records VISN and for business. *Information Technology Service*
- ✓ Develop information architectures and systems that assist in integrating VISN 23 IT services across all sites. *Information Technology Service*
- ✓ Dental clinics will remain current with installation and use of nationally recommended dental software packages. *Dental Integrated Service*
- ✓ Implement Digitized Dental Radiography. *Dental Integrated Service*

Goal 3

Enhance, Preserve and Restore Patient Function Function.

Objective 3.1

Maximize the independent functioning of veterans in the least restrictive setting.

- ✓ Increase by 15 percent the number of Seriously Mental Ill patients participating in Compensated Work Therapy/Veterans Industries across VISN 23. *Mental Health Service Line*

- ✓ Increase the number of per diem contracts for homeless beds by 50 beds across VISN 23. *Mental Health Service Line*

FY 2004 Priority Initiative: Develop a Care Coordination Program

- Expand telehealth
- Improve management of chronic disease
- Expand community health programs
- Expand care management programs

Objective 3.2

Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning.

- ✓ Develop a succession plan with career ladder opportunities for Prosthetics Integration Service staff or VA employees interested in career in prosthetics. *Prosthetics Integrated Service*
- ✓ Collaborate with clinical service lines to promote functional outcomes thru the procurement of state of art prosthetics items, joint authority for Amputee Clinic and Major Medical Committee, and consistent reviewing of applications for VBA programs (HISA, Clothing Allowance, Automobile Adaptive Program). *Prosthetics Integrated Service*



Goal 4

Exceed Patient Expectations

Objective 4.1

Improve patients' satisfaction with their VA health care.

- √ Develop a VISN 23 Service Recovery program that is consistent, systematic, and embodies a "patient-centered care" philosophy. *Organizational Performance Council*

Objective 4.2

Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs.

Objective 4.3

Promote cooperation and collaboration through VA to provide seamless service to veterans.

Goal 5 is a Priority

Maximize Resources Use to Benefit Veterans

Objective 5.1

Optimize the availability and efficient use of resources and services.

- √ Develop billing practices for reference work from other VISN facilities. *Pathology and Laboratory Medicine Service Line*
- √ Expand the use of common purchase/lease agreements for equipment, expendables and reference lab testing. *Pathology and Laboratory Medicine Service Line*
- √ Establish a VISN Pharmacy Benefit Management and appoint/hire staff. *Pharmacy Benefit Management*

Objective 5.2 IS KEY TO OUR SUCCESS

Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.

- √ Establish annual external audits and provide Senior Management with reasonable assurances that effective systems exist with business operations. *Compliance Integrated Service*
- √ Educate Surgical/Specialty Care Service Line Management on Department Budgeting. *Surgical/Specialty Care Service Line*

FY 2004 Priority Initiative: Develop a Network utilization review program

- Validate the appropriate use of support services
- Identify and share efficient inpatient and outpatient practices
- Develop tools for evidence-based practice of medicine

Goal 6

Build Healthy Communities

Objective 6.1

Prepare to respond to disasters and national emergencies.

Objective 6.2

Conduct medical research programs that lead to demonstrable improvements in the veterans' health.

- √ Distribute grant announcements and assist in the preparation/review of grants/proposals in Research.
- √ Recruit new clinicians and basic science investigators in Research.
- √ Continue to meet to discuss compliance and assurance issues in Research.

Objective 6.3

Promote excellence and innovation in the education of future health care professionals.

- ✓ Develop new employee education on compliance. *Compliance Integrated Service*

Objective 6.4

Effectively communicate the contributions of VA healthcare, research and education.

Objective 6.5

Expand federal, state, local and private partnerships to foster improvements in the coordination and delivery of health care and other services.

Objective 6.6

Develop innovative approaches to the design and evaluation of healthcare delivery systems.

Goal 7 is a Priority Be an Employer of Choice

Objective 7.1

Maintain a safe, healthy and secure workplace.

- ✓ Define/design an ergonomics program for VISN 23. *Organizational Performance Council*

Objective 7.2

Improve communication with employees.

- ✓ Develop VISN web site for Compliance. *Compliance Integrated Service*

Objective 7.3

Strengthen leadership abilities to empower their employees and create a sense of ownership throughout the organization at all levels.

- ✓ Develop and deploy network-wide processes for staff well being and satisfaction that includes an assessment and identification of priorities for improving the staff support climate in VISN 23. *Workforce Development Council*

FY04 Priority Initiative: Prepare for workforce replacement

- Improve recruitment and retention of critical clinical and administrative positions
- Replace specialized knowledge positions through use of VACO, VISN and locally funded Upward Mobility and Career Internship programs.
- Increase employee reward and recognition

Objective 7.4

Promote internal customer service.

- ✓ Provide timely and courteous customer service. *Information Technology Service*

Objective 7.5 IS KEY TO OUR SUCCESS

Recruit, support and retain a knowledgeable, diverse, engaged and continuously learning workforce.

- ✓ Develop and deploy a network-wide process to accomplish effective succession planning that includes senior administrative and health care leadership. *Workforce Development Council*
- ✓ Develop and deploy a network-wide staff education and training plan to meet the short and long term needs of the organization. *Workforce Development Council*
- ✓ Development of recruitment and retention strategies. *Pathology & Laboratory Medicine Service Line*
- ✓ Participate with Network and Medical Center management on staff recruitment, training and retention. *Surgical/Specialty Care Service Line*



Performance Targets

For each of the VISN's objectives, performance targets are established, projected and monitored to demonstrate outcomes. Performance targets are presented below for three key objectives in the strategic plan.

Other performance measures are presented in the individual service strategic plans of the various network services and councils.

Key Objectives	Key Performance Measures	2003 End of Year	2004 Projected Target	2006 Projected Target	2008 Projected Target
2.1 Improve access, convenience and timeliness of VA health care services.	In primary care, % of established patients who obtained appointments when desired. *	87%	Performance Measures: Fully Satisfactory 79% Exceptional 81%	90%	95%
	In primary care, % of new patients obtained an appointment when desired. **	80%	Fully Satisfactory 79% Exceptional 80%	90%	95%
	In specialty care, the wait time for next available appointments in: Eye care Urology Orthopedics Audiology Cardiology ***	30 days 25 days 20 days 27 days 29 days	30 days 25 days 20 days 27 days 25 days or less	15-20 days ↓	7 days or less ↓
	Percent of Outpatients who report waiting for a provider 20 minutes or less in the Survey of Healthcare Experiences of Patients (SHEP)	70%	Fully Satisfactory 70% Exceptional 75%	90%	95%
5.2 Increase revenue and efficiency through private sector partnerships, technology and improved business practices.	The percent of dollars and percent of claims for accounts receivable greater than 90 days will decrease.	45%	40%		
	The VISN will obtain collections from first and third party in an amount at least equal to a determined target.	106.86% of target	\$129.8M	10% above goal	

Key Objectives	Key Performance Measures	2003 End of Year	2004 Projected Target	2006 Projected Target	2008 Projected Target
	<p>The time for producing inpatient and outpatient bills, beginning with the date of care or discharge and ending with the date the bill is authorized, will decrease.</p> <p>The gross days revenue outstanding will meet or exceed target. This calculation is used to compare the cash flow and level of receivables between health care organizations.</p>	<p>49.6 days</p> <p>103 days</p>	<p>45 days</p> <p>140 days</p>	<p>40 days</p> <p>100 days</p>	
7.5 Recruit, support and retain a knowledgeable, diverse, engaged and continuously learning workforce.	<p>The VISN strategic plan contains a component addressing workforce development including succession plan that identifies projected workforce needs and objectives to guide diversity management, education and HPDM plans</p> <p>Two succession planning proposals submitted, approved, and implemented</p> <p>50% of <i>Momentum Leadership Services</i> graduates to participate in the <i>Momentum – The Next Step</i></p>	Met in FY03	Workforce Plan included in VISN Strategic Plan	Six succession planning proposals submitted, approved and implement	Eight succession planning proposals submitted, approved and implement

Definitions

* Primary Care – Established Patients

Percent of established patients (seen in primary care in the prior 24 months) responding to the SHEP survey who answer 'yes' to the question, "Did you get an appointment when you wanted one?"

** Primary Care – New Patients

Percent of new patients (not seen in primary care in the prior 24 months) responding to the SHEP Survey who answer 'yes' to the question, "Did you get an appointment when you wanted one?"

***Specialty Care

Percent of next available appointments scheduled within 30 days. Next Available Waiting Time is the time in days between the date that a next available appointment request is made and scheduled and the date the appointment is scheduled to occur.

